



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

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April 22, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Kae Robertson
Managing Director
Navigant Consulting, Inc.

**SUBJECT: KING/DREW MEDICAL CENTER ACTIVITY REPORT – WEEK ENDING
APRIL 22, 2005**

This is to provide you with an activity report for the week ending April 22, 2005 for King/Drew Medical Center (KDMC). This report details activities conducted by the Director of Department of Health Services (DHS) and Navigant Consulting, Inc.

DHS DIRECTOR

- Completed initial Department meetings with Psychiatry, Orthopedics, Radiology and Surgery.
- Made rounds in Emergency Room, Intensive Care Units, Neonatal Intensive Care Unit, Radiology, Pediatrics, and Internal Medicine.
- Reviewed policies on identification, investigation and communication of adverse events.
- Reviewed Navigant progress reports.
- Communicated with press regarding signs of improvement and need to recruit in key clinical areas.

- Continued to work on recruitment of key leaders.
- Participated in a forum with elected officials, KDMC and LA County staff, Navigant Consulting and Drew University.

NAVIGANT CONSULTING, INC.

- ***Pressing Issues***

- CMS Plan of Correction for Statement of Deficiencies due May 5, 2005.
- Radiology Coverage.

- ***Progress Made in KDMC Quality Turnaround Plan***

- Sixteen recommendations completed on the KDMC Quality Turnaround Plan between March 11 and April 15 monthly report.
 - Regulatory Readiness Committee was initiated for JCAHO preparation.
 - JCAHO mock surveys were initiated for completed recommendations.
- Physicians
 - Chair of Surgery and Medicine initiated audit process of their attending physicians' compliance with Resident supervision memo.
 - Chair of Surgery and Medicine initiated audit process of their attending physicians' compliance with new documentation requirements.
 - KDMC Medical Director communicated to Residents expectations for attending physician supervision and involvement in patient care.
- Nursing
 - Conducted training for Nurse Managers, Nursing Supervisors and Administrators of the Day for Level of Care changes and Event/ Sentinel Event notification.
 - Two permanent night supervisors started for the night shift.
- Hospital Advisory Board
 - Nominations for officers completed.
 - Quality Committee formed.
- Emergency Department
 - Radiology began transport for Emergency Department patients needing radiology studies.
 - STAT Laboratory reports can now be printed in the Emergency Department.
- Perioperative
 - Held second Operating Room Governance Committee meeting.
 - Approved Operating Room Scheduling Policy and Procedure which will improve suite utilization.
- Results of Mock Code Blues
 - Ten mock Code Blues have been conducted.
 - Advanced Cardiac Life Support protocols were followed.
 - Timely response by all team members has improved.
 - Main area for improvement is nursing response prior to arrival of code team.
- No new sentinel events month-to-date.

- No unexpected deaths month-to-date.

- ***Barriers Encountered in KDMC Quality Turnaround Plan***

- Referred 3 medical staff cases and 11 nursing staff cases to DHR for personnel actions this week.
- During the first three weeks of April the hospital was able to hire the following:
 - 3 Staff Nurses
 - 2 Nurse Managers
 - 2 Pharmacists
 - 2 Pharmacy Technicians
 - 1 Psychiatric Social Worker
 - 1 Utilization Review Nurse
 - 1 Phlebotomy Technician
 - 1 Psychiatric Technician
 - 1 Occupational Therapy Supervisor
 - 5 Support Staff

Please let us know if you have any questions.

TLG:KR:mm

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors